



SWANSEA BAY UNIVERSITY HEALTH BOARD SEVERE WEATHER PROCEDURE

January 2020

Approved by: SBUHB Emergency Preparedness
Resilience and Response, (EPRR)
Strategy Group

Date Approved: 31.01.19

Operational Date: 31.01.19

Version: 1.1

Date for Review: 31.01.21

DOCUMENT VERSION CONTROL

Policy Version Number	Date	Author	Description of Change
1	July – October 2018	Head of EPRR Head of Support Services	1 st Draft
1.1	January 2019	Head of EPRR	Final Draft
1.1	January 2020	Head of EPRR	Reviewed; no changes

Acknowledgement and thank you to University Hospitals of North Midlands Severe Weather Plan.

November 2020: Addendum as part of the COVID-19 response

Karen Jones, Head of EPRR

COVID 19 review.

The Adverse Weather Procedure has been reviewed for the purpose of the response to the COVID-19 Pandemic. The principles remain extant in accordance to the plan and consideration should be given to the current C-19 physical distancing measures and current guidance when using this procedure.

There is a specific addition to the Transport Plan in terms of Physical Distancing and a SOP is included addressing the following questions:

1. What do the Regulations say about vehicle sharing?
A: Physical distancing will need to be maintained (2m) and masks to be worn.

2. Can we fill 5 or 7 seater vehicles?
A: We only have a 5 seater vehicle and therefore we will carry 1 driver and 1 member of staff.

3. What level of PPE is required?
A: Both driver and passenger will need to wear a mask.

4. How are you planning to decontaminate 4x4 between trips?
A: All the vehicles have leather seats and will be decontaminated after each journey by the driver.

5. Do we mix staff from C19 and positive areas?
A: Staff will be collected from wherever they live.
A health tick box/questionnaire will be available for each journey:-
“Have you had any Covid symptoms?”
Yes
No

TABLE OF CONTENTS

SECTION 1 - GENERAL PRINCIPLES

- 1.0 INTRODUCTION
- 1.1 AIM
- 1.2 INTENTIONS
- 1.3 PLANNING ASSUMPTIONS
- 1.4 COMMAND AND CONTROL
 - 1.4.1 TYPES OF INCIDENTS
 - 1.4.2 INCIDENT RESPONSE LEVELS
 - 1.4.3 HEALTH BOARD GOLD COMMAND STRUCTURE
 - 1.4.4 TACTICAL, (SILVER) COMMAND
 - 1.4.5 OPERATIONAL STRUCTURES
 - 1.4.6 TRIGGERS
- 1.5. ACTIVATION AND DECLARATION OF A BUSINESS CONTNUITY INCIDENT
- 1.6 ROLE OF HEALTH BOARD IN BUSINESS CONTINUITY
 - 1.6.1 DURING AN EMERGENCY
- 1.7 COMMUNICATIONS
 - 1.7.1 INTERNET
 - 1.7.2 PRESS AND MEDIA
 - 1.7.3 INTERNAL
 - 1.7.4 EXTERNAL
 - 1.7.5 ADDITIONAL COMMUNICATION SUPPORT
- 1.8 COLD WEATHER
 - 1.8.1 PROCEDURE PURPOSE
 - 1.8.2 SUMMARY OF ACTIONS
- 1.9 SUMMARY OF HEATWAVE ACTIONS
- 1.10 SUMMARY OF FLOODING ACTIONS
- 1.11 STAFF ATTENDANCE AT WORK
- 1.12 GUIDANCE FOR COORDINATION OF STAFF TRANSPORT
- 1.13 RECOVERY
- 1.14 OPERATIONAL DEBRIEF
- 1.15 POST TRAUMATIC STRESS
- 1.16 ADDITIONAL RESOURCES/MUTUAL AID
- 1.17 TRAINING
- 1.18 EXERCISES
- 1.19 GOVERNANCE
- 1.20 SUPPORTING ARRANGMENTS
 - 1.20.1 RECORDING KEEPING
 - 1.20.2 HEALTH AND SAFETY
- 1.21 EQUALITY AND DIVERSITY

2.0 SECTION 2 - ACTION CARDS

- 2.1 COLD WEATHER ACTIONS
- 2.2 HEATWAVE ACTIONS
- 2.3 FLOODING ACTIONS
- 2.4 METHANE PROFORMA
- 2.5 EXECUTIVE BRIEFING PROFORMA

2.6 EMERGENCY LOG

3.0 APPENDICES

3.1 GUIDANCE FOR CO –ORDINATION OF STAFF TRANSPORT DURING
ADVERSE WEATHER
STANDARD OPERATING PROCEDURE – FOUR WHEEL DRIVE SUPPORT

3.2 Workforce and OD Extreme Weather Conditions Policy and Procedure

3.3 PHW Cold weather advice for the Public
PHW Cold weather advice for Health and Social care Professionals

3.4 WG Heatwave; Caring for patients before and during a heatwave
WG Heatwave; Advice for Health and Social Care Professionals
WG Heatwave; Advice for Care Home Managers and Staff
PHW Extreme Hot Weather; Advice for Health and Social Care Professionals
PHW Extreme Hot Weather; Health Advice for Public
PHW Extreme Hot Weather; Advice for those looking after children
PHW Extreme Hot Weather; Advice for those organising large events

3.5 PHW, How to clean up safely following floods
PHW; Flooding: Coping without mains water
PHW Health Advice – general information following flooding
PHW; Floods and Mental Health

SECTION 1

GENERAL PRINCIPLES

SECTION 1 – GENERAL PRINCIPLES

1.0 INTRODUCTION

This document sets out the Overarching response to a declared severe weather episode.

The Health Board needs to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care.

Health Boards have overall responsibility for the population within their geographical area, and to ensure that plans provide a single framework of operational and management response, thus ensuring that co-ordination and liaison is in place for a wide range of incidents and emergencies.

The SBU Health Board is defined as a category 1 responder in the Civil Contingencies Act 2004 (the Act). The Act places a number of responsibilities on the Health Board in this regard, captured under the umbrella of Emergency Preparedness, Resilience and Response, (EPRR). These include:

- Assess local risks and use this to inform emergency planning;
- Put in place emergency plans;
- Put in place Business Continuity Management arrangements;
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency;
- Share information with other local responders to enhance co-ordination;
- Co-operate with other local responders to enhance co-ordination and efficiency

This procedure will be activated when either of the following occurs;

- The Met Office issue a weather warning that is likely to affect the Health Board.
- An unforeseen severe weather event occurs.

This procedure intends to address the effect of adverse weather conditions on the Health Board, including extreme cold weather, extreme hot weather, storms, and gales and flooding. It should be read in conjunction with;

- Public Health Wales notification with regard to Extreme Weather Events.
- Health Board Overarching Business Continuity/Significant Incident Procedure.
- Service Delivery Unit Overarching Tactical Business Continuity/Significant Incident Procedures and respective service Business Continuity Procedures.
- Extreme Weather Conditions Workforce and OD Policy
- Guidance For Co-ordination Of Staff Transport During Adverse Weather
- A Standard Operating Procedure – Four Wheel Drive Support.

Other Health Board Plans include;

- Infection Prevention and Control Procedures
- SBUHB Emergency Response Plans
- SBUHB Surge Capacity and Escalation Procedures
- SBUHB Major Incident Procedures

1.1 Aim

This procedure is intended to give guidance to managers and staff within the Health Board on what actions they should take to minimise the effect of adverse weather conditions on patients, staff and other users of Health Board facilities.

1.2 Intentions

To ensure that as far as possible adverse weather conditions do not affect the standard of care given to patients nor affect the health and safety of Health Board employees or visitors to the Health Board.

1.3 Planning Assumptions

This Procedure assumes that the Health Board is signed up for Met Office Wales Severe Weather Alerts and Warnings and also to receive notifications from Public Health Wales. However, the Public Health Wales proactive communications should not be regarded as a formal trigger for Health Board action.

That staff are aware of and have working knowledge of associated plans and that they are aware of how to access them.

That staff involved in this Procedure are asked to forward any requested amendments to the Head of Emergency Preparedness Resilience and Response, (EPRR) as and when required to ensure that it remains current and applicable.

1.4 Command and Control Structure

The Health Board will use the same command and control structure in any emergency or where it is appropriate to have clear lines of managerial responsibility in an incident. This procedure must be used in conjunction with the SBU Business Continuity/Significant Incident Procedure and if appropriate and necessary with the SBU Major Incident Procedure.

Incident Response, Activation and Control Levels

1.4.1 Types of Incidents

A significant incident or emergency can be described as any event that cannot be managed within routine service arrangements. Each require the implementation of special procedures and may involve one or more of the emergency services, the wider NHS or the Local Authority.

Most incidents are geographically local and limited in time and are dealt with at the operational level. However some incidences may require broader, multi-agency command, control and co-ordination structures to manage the response and are termed significant. During times of severe pressure such as winter periods, creating a sustained increase in demand for services may necessitate the declaration of a significant emergency incident.

Also where any occurrence where organisations are required to implement special arrangements to ensure the effectiveness of the organisations internal response. This is to ensure that incidents above routine work but not meeting the definition of a major incident are managed effectively.

An event or situation that threatens serious damage to human welfare in a place in the UK or to the environment of a place in the UK or war or terrorism which threatens serious damage to the security of the UK. The term Major Incident is commonly used to describe these such emergencies.

The term significant incident or emergency is deliberately broad to ensure that potential incidents are not missed. This procedure notes the level of responses to Business Continuity and Significant/emergency incidents. The SBU Major Incident Procedure is specific for a declared major incident response and this procedure will be used in conjunction with the Health Board Major Incident Procedure.

1.4.2 Incident Response Levels

All Incident Response Levels in the table below will be used by SBU to ensure consistent notification, escalation and co-ordination of emergency incidents.

1	A business continuity that can be locally managed, (at a specific service level), without invocation of a declared business continuity incident. This includes the actions noted in the NHS Risk Assessment Escalation Action Plan. Each department, inclusive of Estates will be required to adopt policies and procedures consistent with the extreme weather that is anticipated and experienced.
2	A business continuity/emergency incident that requires invocation of specific service(s) and Service Delivery Unit business continuity Plans to ensure tactical incident command, control and co-ordination, (Unit Silver Command) . This includes 3&4; Amber/Red levels in the NHS Risk Assessment Escalation Action Plan. The resource levels will depend on the scale of the incident and will be determined as necessary.
3	A business continuity/significant incident that requires invocation of more than one Service Delivery Unit/specialties business continuity, requiring invocation of

the SB Overarching Business Continuity Procedure **to provide strategic co-ordination, (HB Gold Command)**. This includes black level, (risk score 25) in the NHS Risk Assessment Escalation Action Plan.

A nationally recognised three tiered command and control structure known as Strategic (Gold), Tactical (Silver) and Operational (Bronze) has been adopted by the emergency services and most responding agencies. The Health Board command and control arrangements are based upon this system.

Health Board Gold command is detailed in section 2 of the Overarching Business Continuity/Significant Incident Procedure. However, the level of command required will be determined by the nature of the incident and activated in accordance to the levels as noted above.

It is imperative to note that if a Level 3 Business Continuity Incident is declared, that the whole Health Board must be fully aware that it responding to an emergency and non-critical Health Board activity may need to cease and on occasion's additional staff from non-clinical areas may be required to assist. This will be decided at a Strategic, (Executive) level.

1.4.3 Health Board Gold, (Strategic) Command Structure

Dependent upon the nature of the incident a Gold Command Team may be convened. The decision to convene a Health Board Gold Command will be made by the Executive on Call at the time of the incident and following a review of the incident details and will be in accordance to a Level 3 incident as noted above.

This level determines the **co-ordinated strategy and policy** for overall management of the incident. This level of management also formulates media handling and public communications strategies as required and necessary. The Strategic Lead will then delegate actions to the respective Service Delivery Unit Tactical (Silver) control level for them to implement a tactical plan to achieve the Strategic aim and objectives.

The Gold Team may comprise of the following, this will depend on the incident;

- Gold Commander
- Medical Director
- Chief Operating Officer
- Nurse Director
- Director of Finance
- Director of HR
- Director of Strategy
- Head of Communications
- Loggist
- IM&T

There must be consideration for Strategic resilience for protracted incidences.

1.4.4 Tactical (Silver Control)

If a Business Continuity Incident is declared within a Service Delivery Unit, Tactical, (Silver Control) will be required. If only one Unit is affected, the incident will be managed at a Tactical level.

Silver Control within the Health Board will be convened within the on-site Co-ordination Centres. They will be responsible for developing and implementing a tactical plan and where the incident affects more than one Unit, to achieve the strategic direction set by Gold command. Health Board Silver will oversee the operational response and will be the link between strategic and operational.

The Silver Commander should have more information available about the incident than anyone else.

The core Silver Command Team will include the Unit, Nurse and Medical Directors or Deputies and may comprise of the following, this will depend on the incident;

- Silver Commander
- Associate Service and Medical Directors
- Clinical Directors/Deputies
- Heads of Nursing
- Assistant Service Directors/Managers
- Support Services/Estates
- Support Functions, e.g. IM&T, Finance, HR, Communications
- Site Management
- Loggist
- Administrative Support

1.4.5 Operational (Bronze Controls)

These are the locations where resources are deployed to carry out the tasks required in responding to the incident. The operational teams will manage the physical response to achieve the tactical plan. There may be a number of Health Board operational teams included as part of the response and will be organised into groups dependent on the emergency. The operational response to a Business Continuity incident or significant emergency is articulated in the respective Service Delivery Unit Business Continuity Plans and corporate emergency response plans.

1.4.6 Triggers

There will be three levels of Business Continuity Plans, (BCP's), this will provide the most efficient structure for business continuity response and recovery. It will enable incidents to be managed at the lowest level for smaller scale incidents, whilst allowing for escalation through the levels of management for a larger more severe incident and these are noted in 1.4.2.

1.5

1.5.1 Activation of a declared Business Continuity/Significant Event

If an incident occurs that is Unit specific and affecting more than one service, (requiring Level 2, Amber response), this will trigger that particular Unit's Business Continuity declaration and consequent command, control and co-ordination will be activated in accordance to their Business Continuity Plan. This must include addressing the NHS Risk Assessment Escalation Levels; Amber/Red.

If an incident occurs that affects services in more than one Unit, (requiring Level 3, Red response), this will trigger both the Units Tactical Overarching Business Continuity Plans and respective service Plans as well as the Strategic command, control and co-ordination as articulated within this Procedure. Notification will commence with an alert to the Executive on Call from the Unit that is first alerted that an incident has occurred and will form part of their activation processes as and when this level of activation is required. The generic objectives noted in 1.6.1 can be used as a proforma for activation.

1.6 What is the Role of the Health Board in a Business Continuity/Significant Incident?

1.6.1 During an emergency incident

The Health Board should seek to achieve the following generic objectives;

- To save life, prevent harm and relieve suffering
- To prevent escalation to the incident/disaster
- To safeguard the environment and protect property
- To continue to maintain normal services at a pre agreed level
- To warn and inform the public in order to promote self-help and recovery and restore normality as soon as possible
- To facilitate criminal investigation and judicial, public technical or other inquiries
- To promote recovery and consequence management
- To evaluate the response and identify lessons to be learned

1.7 Communications

1.7.1 Internet Sites

- Public Health Wales, (PHW): - <http://www.wales.nhs.uk/sitesplus/888/page/94885>
- Met Office: <https://www.metoffice.gov.uk/barometer/advice>
<http://www.metoffice.gov.uk>

1.7.2 Press and Media

At the start of a declared business continuity incident, whether this is managed at a tactical level or if strategic management is also required the Communications Team will be alerted.

Furthermore the SB Head of Communications (or deputy) will be responsible for managing the press and media in connection with press interest around the Health/NHS issues linked to a declared significant incident or major incident.

Responsibilities will include managing press and media on hospital or other SB sites, arranging press releases and information updates, dealing with media queries, and organising press conferences and interviews.

In addition, the Head of Communications will be responsible for social media updating, including the Health Board's Face book and Twitter sites as appropriate.

The SB Facebook page will be used to ensure accurate and timely information is available via social networking. A bespoke Facebook page can be considered, but it is likely to be more beneficial to access the existing audience of the established SB Facebook page. In addition, a hash-tag named in accordance with the incident will be produced for Twitter updates, or if a hash-tag has already been established by another party, that will be used.

The Head of Communications will also update information on the SB website as needed.

1.7.3 Communications – Internal

The Head of Communications will be responsible for updating the SB intranet as necessary to keep staff informed in general about the incident. In addition, the Head of Communications will be responsible for preparing general staff email messages and in particular to ensure staff are alerted with regard to the emergency across the Health Board. .

Note: specific operational information to groups of staff will be the responsibility of their line manager and not the Head of Communications.

1.7.4 Communications – External (Non-Press and Media)

The Head of Communications will also ensure other important parties are kept aware of key messages as relevant and necessary:

- Non-Executive Health Board Members
- Community Health Councils
- Welsh Government
- Partner Organisations as appropriate
- Members Community Health Councils

1.7.5 Additional Communications Support

The Head of Communications will also assist in general Communications support, e.g. preparing ad hoc patient information leaflets, posters, etc.

1.8 Cold Weather

1.8.1 Protecting Health and Reducing Harm from Severe Cold; Procedure Purpose

The purpose of the Cold Weather Procedure is to avoid the adverse health effects of winter by raising public awareness and triggering actions by those in contact with people who are most at risk. This, in turn, could help to reduce pressures on the health and social care system in the busiest months of the year.

This procedure is supported by a system of cold weather alerts, developed by the Met Office.

Alerts are forwarded on the basis of either of two measures: **low temperatures of 2°C or less; and/or heavy snow and ice.**

‘Cold weather can pose serious public health risks, causing ‘excess’ deaths in winter compared with the rest of the year. This is because cold weather can contribute to hypothermia, falls and injuries, heart attacks, strokes, respiratory diseases etc.’

‘The most vulnerable to cold weather include older people, very young children and people with pre-existing medical conditions, as well as those whose health, housing or economic circumstances put them at greater risk of harm’, (Public Health Wales, web site, February 2018).

In addition, consideration is required with regard to the effects on key equipment in high priority areas during extreme temperatures. Some include IT server rooms, operating theatres, CT/MRI scanning, and radiotherapy. In addition some products may be affected, e.g. orthopaedic cement.

1.8.2. Summary of Cold Weather levels

Level 0: Year Round Planning – Emphasising the importance of long term strategic planning. This is business continuity.

Level 1: Winter preparedness – Level 1 is in force throughout the winter in accordance to Health Board operational procedures and service business continuity arrangements

Level 2: Alert and readiness – Level 2 is declared when the Met Office forecasts a 60% risk of severe winter weather in one or more defined geographical area in the days that follow. This usually occurs two to three days ahead of the event. A Level 2 alert would be issued when a mean temperature of 2°C is predicted for at least 48 hours, with 60% confidence, and/or widespread ice and heavy snow is forecast, with the same confidence. This could be Level 2 or 3 of the command and control structures as noted in 1.4.2

Level 3: Severe weather action – a Level 3 alert is issued when the weather described in Level 2 above actually happens. It indicates that severe winter weather is now occurring, and is expected to impact on people’s health and on health services. This will be level 3 of the command and control structures as noted in 1.4.2

Level 4: Major incident – a Level 4 alert indicates that many parts of the country are experiencing exceptionally severe winter weather and the conditions are affecting critical services. Such weather conditions are likely to have significant impacts not

only on health, but also on other sectors and critical infrastructure. A cross-governmental response may be required.

1.9 Summary of Heatwave Levels

Heatwaves are forecast to increase in frequency in the coming years. Climate change means that heatwaves are likely to become more common.

The definition of a Heatwave is when the temperature thresholds for declaring an extreme heat condition or Heatwave warning are 30 degree centigrade (or more) during the day and 15 degree centigrade (or more) at night. It is important to note that the definition includes both day and night time temperatures as it is the combined impact of both that results in harm to health. Please note within Wales, the response is not structured to the official levels as noted in England and based on the Met Office alerts and it is for local determination. For the purpose of this procedure the levels are embedded in the response levels in 1.4.2 above.

Level 0: All year planning - Long-term planning. This is business continuity.

Level 1: Heatwave and summer preparedness programme - Level 1 is in force in England throughout summer from 1 June – 15 September and should be in accordance to Health Board operational procedures and service business continuity arrangements.

Level 2: Heatwave is forecast – Alert and readiness – Level 2 is declared when the Met Office forecasts 60% risk of heatwave in the next 2– 3 days. This could be level 2 or 3 of the command and control structures as noted in 1.4.2.

Level 3 Heatwave Action –Level 3 is declared when the Met Office forecasts heatwave temperatures will be reached in one or more Met Office National Severe Weather Warning Service regions. This will be level 3 of the command and control structures as noted in 1.4.2.

Level 4 Major incident – Emergency response

Central Government will declare a Level 4 alert in the event of severe or prolonged heatwave affecting sectors other than health. This will be level 3 of the command and control structures as noted in 1.4.2.

People gradually adapt to changing temperature trends. Therefore, heatwaves are a relative experience, affecting different people in different ways. The human body responds to heat in a number of different ways. ‘Prolonged period so extremely hot weather pose serious health risks. Exposure to excessively high temperatures, especially over long periods, can kill. Those most at risk include older people, very young children and people with pre-existing medical conditions’, (Public Health Wales Web Site, February 2018).

When the ambient temperature is higher than skin temperature, the body regulates its temperature by losing heat through sweating. So, any factor that reduces the body’s effectiveness of sweating such as dehydration, lack of breeze, tight fitting clothing or taking certain medications can cause the body, to overheat. Impaired bodily thermo-

regulation abilities (as observed in more vulnerable people) often exacerbate the problem. When the body overheats, a number of heat-related illnesses can occur, such as heat cramps, rashes, oedema, dizziness and fainting, exhaustion and heat stroke. If not managed, these conditions can worsen and lead to shock, organ failure and even death.

In addition, consideration is required with regard to the effects on key equipment in high priority areas during extreme temperatures. Some include IT server rooms, operating theatres, CT/MRI scanning, and radiotherapy. In addition some products may be affected, e.g. orthopaedic cement.

1.10 Summary of Flooding

'Flooding is caused when more rain falls than the land can absorb or water courses, drains and sewers can cope with. Pipes and drains may become blocked by debris. Water levels rise and spill over river embankments. Coastal flooding may occur during a storm surge or as a result of climate change.

Flood water may be polluted by sewage, chemicals and/or animal faeces if water has run off fields. Sewage rises and may escape through drains, along with rodents. Polluted flood water can cause a wide range of infectious disease, including diarrhoeal disease.

Other risks include injuries, drowning, contact with chemicals, being stranded, having not power or clean water and the stress and anxiety by these situations. These can affect a wide range of people. The most vulnerable are the very young, the elderly and those with pre-existing conditions such as individuals on renal dialysis and those with compromised immune system. When areas are flooded there can be difficulties in the supply of food, water and power to the affected areas', Public Health Wales Web Site, February 2018.

1.11 Staff Attendance at Work

All staff have a duty to make every reasonable effort to attend work, even during periods of extreme weather to ensure services and patient care are not unduly disrupted. The procedure for staff who are unable to attend work, who attend late and who request to leave early is addressed within the Health Board Workforce and OD Extreme Weather Procedure, Appendix 2.

1.12 Guidance for Co-ordination of Staff Transport during Adverse Weather

Implementation of the Health Board guidance will be part of the command and control structures following a level 3 declaration of a business continuity incident. This guidance is included in Appendix 1. Please note, each Service Delivery Unit will communicate to their staff the mechanism for alerting when staff are having difficulty in attending work. Within some Units, this is coordinated via the Hospital Co-ordination Centre.

1.13 Recovery

Recovery is included within the Overarching Business Continuity/Significant Incident Procedure.

The recovery phase of an incident needs to be considered at the onset of an emergency. The recovery phase continues until disruption has been rectified, demands on services have returned to normal and the needs of the affected population have been met.

Recovery management should encompass the physical, social, psychological, political and financial consequences of an emergency.

It is the responsibility of the Strategic/Tactical Director to anticipate consequences and appropriate recovery planning right from the beginning of any response and a recovery team should be convened to manage the recovery of an incident.

Consideration will also be required for sustainability in the event of a protracted incident. People who are acting in roles designated in emergency response plans should consider handing over the role to a colleague of similar seniority and experience either at the time they have to leave the Health Board due to other commitments, or at the time when they feel that their effectiveness may become impaired. During these circumstances a rolling rota will be required.

1.14 Operational Debrief

An Operational debriefing meeting will be organised by the Tactical Group as soon as possible after the incident. This will involve Heads of Departments, and other relevant staff involved, to discuss the events of the incident, both positive aspects and key lessons learnt which could be implemented for future planning.

A significant incident will require a structured debrief. This is to ensure learning points are identified, analysed, acted upon and if deemed necessary incorporated into the organisations response arrangements. The sharing of good practice reduces the risk of incidents re-occurring and their impact. A structured debrief for the Health Board will be organised by the Emergency Preparedness Resilience and Response Team.

Following a structured debrief a post incident report will be collated, internal to the Health Board. The incident report will be shared with the Emergency Preparedness Resilience and Response Strategy Group. Lessons to be learned will be recorded and progress monitored.

The thrust of any such debrief(s) would be to identify areas for improvement in procedures, equipment and systems. They should not be forums for criticising the performance of others.

1.15 Post – Traumatic Stress / Emotional Effects

Following a significant incident it maybe people will develop short-term symptoms of psychological adjustment. There are information leaflets for patients (children and adults) who have been involved in a major incident. These leaflets outline what to expect, coping strategies and advice on when to seek further help and can be used as a resource for significant emergencies, not defined as a major incident.

Critical incident debriefing is not recommended in the current Post Traumatic Stress Disorder (PTSD) NICE Guidelines. A general debrief of the incident is required.

1.16 Additional Resources – External to the Health Board/Mutual Aid

The responsibilities for the calling out of additional resources external to Hospital i.e. Staff, Central Stores, Laundry, Social Services, etc. will rest with the Hospital Co-ordination Centres.

Statutory guidance to the *Civil Contingencies Act 2004* recognises that the emergency planning process may identify some areas where existing capability to deal with an emergency are insufficient and presumes Category 1 responders will use mutual aid agreements as a way of addressing these.

The Health Board may receive a request for assistance or similarly request mutual aid from another organisation. The Health Board Executive Team will need to consider whether the resources required can be made available without impacting the organisation's service delivery obligations with respect to external mutual aid requests and similarly another organisation will undertake the same process prior to agreement of a mutual aid request from the Health Board. In some circumstances and for some services, there may be a requirement for mutual aid from services within other Health Boards and a request will be forwarded at the time of the incident.

1.17 Training

Training in Emergency Planning/Business Continuity procedures is of paramount importance and a training and exercising schedule is required to include;

- Training for those members of staff who are creating business continuity plans as well as those who are required to deliver those plans.
- Simulated incidents and communications exercises to learn lessons for future planning. Communications exercises will be held at regular intervals (at least every 6 months) without warning.
- Relevant Staff will also be expected to undertake pertinent training courses, such as MERIT, CBRN
- Following the general induction programme for major incidents, it is the individual staff responsibility to ensure that they are familiar and updated with their role in the event of a major incident/significant emergency. It is the responsibility of Service Delivery Unit Directors and key staff to ensure that the personnel under their management are fully conversant with the suite of plans and are informed and trained in the implementation of their action cards.

- In addition to real Major Incidents/significant emergencies/business continuity incidences, there is a requirement that plans are exercised regularly to ensure that all staff are familiar with their role. Such exercises may take many forms, from a purely 'paper exercise' to a full reconstruction of an incident with simulated casualty victims.

1.18 Exercises

The Health Board is required to carry out a communication cascade exercise every six months, a desk top exercise once a year and a live major incident exercise every three years.

Emergency Plan exercises are valuable and often identify areas that require revision in the light of changed circumstances, personnel or facilities.

Please take the time to read and familiarise yourself with your role in the event of a major incident/significant incident/business continuity incident **now**, and to re-read it from time to time. It should ensure that if there were to be an emergency incident of any type, then the patients would get the best possible care in the difficult circumstances that often result.

1.19 Governance

The Health and Social Care Act 2012 places upon NHS funded organisations the duty to have an Accountable Emergency Officer with regard to EPRR.

The Health Board designated Executive lead for Emergency Preparedness is the Director of Strategy, with a designated EPRR Lead. Governance arrangements are steered through the AMBUHB Emergency Preparedness Resilience and Response, (EPRR) Strategy Group which supports the Executive lead and Operational leads in providing assurance to the board on all matters relating to EPRR in terms of capability and compliance. The multi-disciplinary EPRR Strategy Group has wide representation from the Health Board Service Delivery Units, Corporate and some external agencies. Within each Service Delivery Unit, there is a mechanism in place to discuss EPRR activity, where the respective representatives will feed information from and to the EPRR Strategy Group.

As a minimum the Board will receive an annual EPRR report, the Executive Team will periodically receive EPRR updates and issues that require escalation.

The maintenance of the document is the responsibility of the Emergency Preparedness Resilience and Response, (EPRR) Team and it will be reviewed as required by the Health Board EPRR Strategy Group and approved by the Health Board.

Its content will be reviewed at least annually, by the EPRR Strategy Group and any major changes recommended to be formally reviewed and submitted for further approval to the Board.

This plan will also be reviewed following the declaration of an incident or exercise and/or in light of any changes to the relevant legislation, standards or national/local guidance requires changes to this plan.

The SBU EPRR Strategy Group will approve and sign off any amendments to this plan. Revised versions will be submitted to the Board for approval.

The Health Board corporate plans can be located on the Health Board major incident intranet site and also within the major incident central drive; z drive, storage 2, major incident.

Other key Corporate, clinical and non-clinical policies can be located on the Health Board intranet site; Policies and Procedures. During an event; some of these core function policies will also apply and should be an integrated part of the response requirements, e.g. Infection Control Procedures, Information Security Policy. In addition, Welsh Government Health Emergency Planning has referenced a number of guidance documents on the HOWIS internet site.

Each Service Unit will require a register of the business continuity plans within each service unit area, as well as the cross cutting services, under the umbrella of the Unit Tactical Overarching Business Continuity Procedure, articulating their respective command and control structures.

1.20 Supporting Arrangements

1.20.1 Record Keeping

A comprehensive record should be kept of all events, decisions, reasoning behind each key decision and actions taken. The organisation is responsible for maintaining its own records.

Logging is an essential procedure which must aim to provide people with the right information at the right time in a form they can assimilate and act upon. Loggists capture information relating to decisions made and actions taken. Loggists are required to produce a contemporaneous log of the incident. Loggists will be included in the Hospital Co-ordination Centres and Health Board Gold.

All documentation will need to be saved and produced for the purposes of internal/multiagency debrief, inquiry, civil or criminal proceeding, or coroner's court. Any log produced is disclosable and as such becomes legal evidence.

1.20.2 Health and Safety

All Health Board staff are required to follow SBU Health and Safety policies, procedures and protocols.

Members of the Tactical Team should give consideration to Health and Safety policy, procedures and protocols in the directing of tasks to operational staff and should be made aware of any identified or potential risks and should alert Gold command of such risks.

Every member of staff has a statutory duty of care under the *Health and Safety at Work Act 1974* to take reasonable care of their own health and safety and of others who may be affected by their acts or omissions.

1.21 Equality and Human Rights Statement

Under equality legislation, the Health Board have a legal duty to pay 'due regard' to the need to eliminate discrimination and promote equality. The Health Board is committed to ensure that we consider the needs of all members of our community. These principles are embedded as part of the core functions of the Health Board and are included within the values, policies, procedures, delivery standards and objective.

SECTION 2

ACTION CARDS

2.1 Cold Weather Level Actions

Level 1

Level 1 alerts run throughout the winter and indicate that people should be preparing for the possibility of severe weather and its effects on health. Everyone has a role to play in this, including individuals, health and social care professionals and a range of community and voluntary sector

Health and social care services have a particular responsibility to plan for cold weather in co-operation with government and other agencies, and to put measures in place to protect those most at risk. Therefore, Level 1 also includes long-term planning and prevention activities which can take place

Level 1: Winter preparedness – long-term planning

Health and social care services and professionals should work with partner agencies to identify those most at risk from seasonal illness and to improve their resilience to severe winter weather.

Individuals and communities should consider what they can do in advance to prepare for cold winter weather, such as insulating their homes and making sure that those at risk are receiving the benefits they are entitled to.

Level 1: Winter preparedness – general preparation

Health and social care services and professionals should work with partner agencies to co-ordinate cold weather plans and support communities to help those at risk. They should also make plans to deal with a surge in demand for services, identify those at risk on their caseloads and encourage

Individuals and communities should take steps to prepare for winter, such as: getting a flu jab if they are in a risk group; insulating their homes and protecting water pipes from freezing; looking out for vulnerable neighbours; and checking their entitlements and benefits. Heating and cooking appliances should be checked.

Links to general Public health advice, (Before any cold weather sets in, when cold weather is expected, Travel, Advice for health and Social Care Professionals). (Appendices). should be included within internal and external

Action	Responsibility
Ensure that cold weather planning is brought into all aspects of winter weather planning within the NHS organisations as well as with multi-agency Local	Executive Directors, Unit Directors, Directorate Managers, Matrons, Emergency Planning

Ensure that the actions in this plan are brought to the attention of relevant staff, and particularly that staff are aware of all the guidance on Minimising and coping with cold. Weather-related health risks.	Executive Directors, Unit Directors, Directorate Managers, Matrons, Emergency Planning
Ensure that your internal alert mechanisms are in place to disseminate the alerts. People who will receive the alerts need to be aware of their own role and responsibilities for action when an	Switchboard, Emergency Planning, Public Health and SBUHB Communications Department.
Ensure that services have a business continuity plan and an emergency plan for severe winter weather, including how to respond to a possible surge in activity and staffing pressures. Make sure that the plan is up to date with key emergency	Executive Directors, Unit Directors, Directorate Managers, Matrons, Emergency Planning
Consider who your partners may be in protecting the health of the local population against cold – these may include police and fire authorities and voluntary and community sector organisations.	Emergency Planning PCC Service Delivery Unit
Consider how to best mobilise and engage community organisations and support the development of community action plans.	Community Engagement Groups Local Resilience Forum
Have a plan in place to provide influenza vaccination to all front-line staff and to encourage vaccination uptake. Take steps to ensure a healthy front line workforce.	Occupational Health
Explore and encourage the uptake of energy efficient, low-carbon solutions for insulating and heating of wards.	Estates
Work out how your winter plans can target vulnerable groups, alongside careful consideration of the needs of black and ethnic	Service Delivery Units
Work across Units to identify accident hotspots on the pavements or roads, advice on gritting priorities to prevent accidents in icy weather, and ensure access by utilities and other essential services.	Estates

Level 2

A **Level 2** alert is triggered when there is a **60% risk of severe cold weather lasting at least 48 hours forecast to arrive within the next two or three days**. The following actions should be taken by hospitals, to prepare for the potential impact on health. This will require a strategic and tactical level response.

Unit specific Tactical, (Silver) Command Control is required

Action	Responsibility
<p>Make sure that all those at high risk from cold weather have been identified and that arrangements are in place to visit them and take appropriate action to protect them against severe winter weather.</p> <p>At Risk Groups</p> <ul style="list-style-type: none"> <input type="checkbox"/> Over 75 years old <input type="checkbox"/> Frail <input type="checkbox"/> Pre-existing respiratory illnesses and other chronic or medical conditions <input type="checkbox"/> Severe mental illness (home) <input type="checkbox"/> Dementia <input type="checkbox"/> Learning difficulties <input type="checkbox"/> Arthritis, limited mobility or sleeping otherwise at risk of falls <input type="checkbox"/> Young children <input type="checkbox"/> Living in deprived circumstances <input type="checkbox"/> Living in homes cardiovascular or with mould <input type="checkbox"/> Fuel poor (needing to spend 10% more of household income on heating) <input type="checkbox"/> Elderly people living on own <input type="checkbox"/> Homeless or rough sleeping otherwise at risk <input type="checkbox"/> Other 	<p>Chief Operating Officer Service Delivery Unit Directors</p> <p>Clinical Directors, Site Matrons, Matrons, Wards Managers, Discharge Teams, Community Teams</p>
<p>Make sure that you are prepared for a potential influx of weather-related injuries and illnesses.</p>	<p>Chief Operating Officer Service Delivery Unit Directors</p> <p>Clinical Directors, Site Matrons, Matrons, Wards Managers, Discharge Teams, Community</p>
<p>Consider how the forecast weather conditions may impact on your work – for example, snow and icy roads delaying staff travel.</p>	<p>All areas.</p>
<p>Get an influenza vaccination.</p>	<p>Occupational Health/Infection Prevention and Control</p>

	All staff, especially those in Clinical areas are encouraged to be vaccinated.
Implement business continuity and emergency plans as required.	Executive Team response Service Delivery Unit response Public Health EPRR
Communicate cold weather alerts to your staff.	Communications Department/Public Health;/EPRR
Ensure that all key staff are aware of winter plans and arrangements and have access to relevant advice.	All
Communicate public media messages on the weather.	Communications Team
Provide a flu vaccination programme to all front-line staff and encourage staff to be vaccinated.	Occupational Health
Consider how to make best use of available capacity, for example by using community beds for at-risk patients who do not need an acute bed and enabling access to step down care and re-	Chief Operating Officer, Associate Director of Operations, Directorate Managers, Site Matrons, Matrons, Capacity Management, Urgent Care Team.
Provide guidance to community organisations to help them to mobilise their community action plans.	CCG's, NHSE Area Team, Primary Health Care Teams, Local Authority Social Care Teams.
Discuss road gritting arrangements with the local authority when snow or icy conditions are forecast. Consider plans to ensure access to critical health services, for essential deliveries and to prevent ice-	Estates & County Council Street Scene Department.
Consideration is required with regard to the effects on key equipment in high priority areas during extreme temperatures. Some include IT server rooms, operating theatres, CT/MRI scanning, radiotherapy. In addition some products may be affected, e.g. orthopaedic cement	IM&T Clinical Services Diagnostics

Hospital Emergency Departments

Cold-related illnesses and severe cold weather conditions may put particular pressure on hospital ED departments. If severe weather is forecast, they should consider the following actions to ensure that they can cope with demand and minimise disruption to services.

Staffing

- Consider deploying more clinical resources (medical, nursing and allied health) to deal with expected surges in demand.
- Consider accommodating key staff on site overnight if there is a risk that transport networks may be disrupted.
- Encourage relevant front-line staff to be vaccinated against flu.

Capacity

- Consider discharging inpatients, taking account of transport networks, to free up acute beds, and work with local authorities and other partners to make step down and re-ablement services available.
- Consider cancelling routine elective surgery and day case outpatient surgery to accommodate increased cold-related demand.
- Consider whether you will need more orthopaedic surgical capacity to deal with an expected increase in fall-related fractures.
- Consider scheduling extra 'fracture clinics' to cope with a possible surge in demand.
- Emergency departments should prepare for increased numbers of falls of elderly people. Extra occupational therapy and physiotherapy resources are likely to be required and there may be a higher workload for nurses.
- Consider postponing elective surgery that is likely to require Critical Care resources (Intensive Treatment Unit stay) to provide capacity for severe cold-related illness.

Resources

- Ensure readily accessible supplies of warmed fluids, forced-air warming blankets and other warming equipment.
- prepare for increased respiratory problems with stocks of nebulised medications and consider gathering non-invasive positive pressure ventilation (NIPPV) equipment for use.
- Ensure that departments are well stocked with plaster, splints, crutches and equipment required to manage any expected increase in fracture pathology.
- Consider whether you need to increase the frequency of routine

Information gathering and support

- Work with ambulance crews to collect information about where accidents and falls are taking place to share with road, police and other organisations so that remedial action can be undertaken.
 - Monitoring information from hospital ED departments should be analysed and shared to identify specific reasons for ED pressures (such as an increase in Fractures or flu admissions) so that remedial and preventive action can be undertaken locally.
-

Level 3

A Level 3 alert indicates that the severe winter weather forecast at Level 2 is now occurring, and is expected to impact on people's health and on health services. It should trigger the following actions by hospitals, care homes, local authorities, community organisations and individuals.

The Health Board Transport Arrangements Guidance and Workforce and OD Procedures need to be invoked.

Unit specific Tactical, (Silver) and Health Board Strategic, (Gold) Command is required

Action	Responsibility
Ensure strategic co-ordination of Business Continuity and to include staffing arrangements and transport and the likely surge in demand for primary and secondary care, and enquiries to social services.	CCG's, NHSE Area Team, Primary Health Care Teams, Local Authority Social Care Teams
Ensure that staff are aware of cold weather health risks and are able to advise patients how to protect against them.	Executive Directors, Clinical Directors, Directorate Managers, CSM's Matrons, Wards Managers, On Call Staff, Emergency Planning Officer, Communications
Consider daily visits/phone calls for high-risk individuals living on their own who have no regular daily	Community Teams
Ensure that patients and residents wear warm clothing that is appropriate to the temperature and weather conditions, indoors and	Ward Managers and Staff
Identify particularly high-risk individuals	Matrons, Wards Managers, Discharge Teams, Community Teams
Ensure that patients and residents take warm drinks and food	Matrons, Wards Managers, Discharge Teams, Community Teams
Ensure that staffing levels will be sufficient to cover the anticipated period of severe weather.	Directorate Managers, Matrons, Wards Managers, Departmental Managers
Repeat messages on risk and protective measures to staff.	Communications Team

Mental health trusts and community teams should also ensure that visits/ phone calls are made to check on high- risk individuals with severe mental illness who are living on their own or have no regular contact with a carer

Mental Health Trusts and Community Teams

Level 4

A Level 4 alert indicates a major incident. It means that exceptional winter weather affects one or several parts of the country.

Level 4 is reached when winter weather is so severe, prolonged or widespread that its effects are likely to extend outside health and social care, such as when it creates widespread transport disruption and/or where the operation of health and social care services is threatened.

A **Level 4** alert would be declared nationally in a similar manner to that for a Level 4 heatwave. In the event of a major incident being declared, all existing emergency policies and procedures will apply. All Level 3 responsibilities must be maintained during a Level 4 incident.

Please note: This section sets out existing responsibilities during a major incident.

However, this content is subject to change as a result of cross-government discussion this winter. The emerging role of the new national Public Health Service – Public Health England – could also have some impact on how a major incident is handled.

Action	Responsibility
Ensure that Level 3 actions continue during the emergency	Gold/Silver Command and Control Team
Measures should be taken to ensure that local healthcare providers that are most vulnerable to extreme winter conditions can continue to operate, for example adequate clearing of snow and gritting to ensure safe emergency access.	Estates Department and
During extreme conditions, it is not only High-risk groups that may be at risk. Therefore, further risk appraisals should be made as to how the wider population is likely to be affected.	Senior Staff

2.2 Heatwave Level Actions

Level 0

Long-term planning - All year -Level 1 alerts run throughout the summer and indicate that people should be preparing for the possibility of hot weather and its effects on health. Everyone has a role to play in this, including individuals, health and social care professionals and a range of community and voluntary sector organisations

Action	Responsibility
Develop systems to identify and improve resilience of high-risk individuals	Professional Staff (all settings): Matrons, Wards Managers, Discharge Teams, Community Teams
Encourage cycling/walking where possible to reduce heat levels and poor air quality in urban areas.	Professional Staff (all settings): Matrons, Wards Managers, Discharge Teams, Community Teams
Work with commissioners to develop longer term plans to prepare for heatwaves	Senior Hospital Staff
Make environmental improvements to provide a safe environment for clients in	Senior Hospital Staff
Prepare business continuity plans to cover the event of a heatwave (e.g. storage of medicines,	Emergency Planning Teams and Pharmacy Staff.
Work with partners and staff to raise	Senior Hospital staff and Emergency

Heatwave and Summer preparedness programme
 1 June – 15 September

Level 1

Action	Responsibility
Identify high-risk individuals and raise awareness of heat illnesses and their prevention among patients and carers	Professional Staff (all settings), Matrons, Ward Mangers, Discharge Teams, Community Teams
Include risk in care records and consider whether changes might be necessary to care plans in the event of a heatwave	Professional Staff (all settings): Matrons, Wards Managers, Discharge Teams, Community Teams
Ensure business continuity plans are in place and implement as required	Emergency Planning Teams and Ward Managers.
Identify or create cool rooms/areas able to be maintained below 26°C	Professional Staff (all settings): Matrons, Wards Managers, Discharge
Install thermometers where vulnerable individuals spend substantial time	Professional Staff (all settings): Matrons, Ward Mangers, Discharge Teams, Community Teams
Work with partners and staff to raise awareness of the impacts of severe heat and on risk reduction awareness	Senior Hospital staff and Emergency Planning Team

Level 2

Heatwave is forecast – Alert and readiness

60% risk of heatwave in the next 2–3 days

Action	Responsibility
Check high-risk patients and have regular monitoring in place	Professional Staff (all settings): Matrons, Wards Managers, Discharge Teams, Community Teams
Ensure room temperatures are monitored recorded regularly during the hottest periods for all areas where patients reside	Professional Staff (all settings): Matrons, Wards Managers, Discharge Teams, Community Teams
Identify or create cool rooms/areas able to be maintained below 26°C	Professional Staff (all settings): Matrons, Wards Managers, Discharge Teams, Community Teams
Review and prioritise high-risk people	Professional Staff (all settings): Matrons, Wards Managers, Discharge Teams, Community Teams
Ensure sufficient cold water and ice	Professional Staff (all settings): Matrons, Wards Managers, Discharge Teams
Communicate alerts to staff and make sure that they are aware of heatwave plans	Professional Staff (all settings): Matrons, Wards Managers, Discharge Teams, Community Teams
Consider weighing clients regularly to identify dehydration and rescheduling physio to cooler hours	Professional Staff (all settings): Matrons, Wards Managers, Discharge Teams, Community Teams
Ensure sufficient staffing	Matrons, Wards Managers
Work with partners and staff to raise awareness of the impacts of severe heat and on risk reduction awareness	Senior Hospital staff and Emergency Planning Team
Ensure business continuity plans are in place and implement as required	Emergency Planning Teams and Ward Managers.

Consideration is required with regard to the effects on key equipment in high priority areas during extreme temperatures. Some include IT server rooms, operating theatres, CT/MRI scanning, radiotherapy. In addition some products may be affected, e.g. orthopaedic cement	IM&T Clinical Services Diagnostics
---	--

Level 3

Heatwave Action

Temperature reached in one or more Met Office National Severe Weather Warning Service regions

Action	Responsibility
Activate plans to maintain business continuity – including a possible surge in demand	Professional Staff (all settings): Matrons, Wards Managers, Discharge Teams, Community Teams
Check indoor temperatures are recorded regularly during the hottest periods for all areas where patients reside	Professional Staff (all settings): Matrons, Wards Managers, Discharge Teams, Community Teams
Ensure staff can help and advise clients including access to cool rooms, close monitoring of vulnerable individuals, reducing internal temperatures through shading, turning off unnecessary	Professional Staff (all settings): Matrons, Wards Managers, Discharge Teams, Community Teams
Ensure discharge planning takes home temperatures and support into account	Professional Staff (all settings): Matrons, Wards Managers, Discharge Teams, Community Teams

Level 4

Major incident – Emergency response

Central Government will declare a Level 4 alert in the event of severe or prolonged heatwave affecting sectors other than health

Action	Responsibility
NATIONAL EMERGENCY Continue actions as per Level 3 unless advised to the contrary	Professional Staff (all settings): Senior Hospital staff and Emergency Planning Team Matrons, Wards Managers, Discharge Teams, Community Teams
Central government will declare a Level 4 alert in the event of severe or prolonged heatwave affecting sectors other than health and if requiring	

2.3 Flooding Actions

No.	Action	Completed
	<p>The effect of flooding issues may be dealt with at levels 1, 2 or 3 of the Business Continuity response dependent on if this is departmental, site or Health Board issue.</p> <p>All services should invoke their business continuity procedures.</p> <p>The following are additional actions:</p>	
1	<p>Refer to the following Public Health Wales Guidance and assign actions accordingly;</p> <ul style="list-style-type: none"> • General Advice • Floods and Mental Health • Coping Without Mains Water • Flooding and Mental Health: Essential information for Front-Line Responders 	
2	Review and prioritise high risk people and check High risk patients and have regular monitoring in place	
3	Communicate alerts to staff and make sure they are aware of plans	
4	Ensure sufficient staffing	
5	Work with partners and staff to raise awareness of the impacts of flooding and on risk reduction awareness	
6	Monitor Met Office Alerts	

2.4 Methane

Person receiving call	
Name & signature	
Date	
Exact time of call	

Person making call	
Name	
Title/Organisation	
Phone number	

M	Major Incident declared or standby?	
E	Exact location	
T	Type of incident e.g. RTC, explosion, fire, building collapse, rail, air/plane, sea, multiple burns	
H	Hazards, present and potential e.g. any decontamination issues – chemicals, radioactivity, explosion risk, other risks	
A	Access and egress e.g. any roads to the hospital obstructed	
N	Numbers and types of casualties expected e.g. severity and type of injuries expected, any children expected?	
E	Emergency Services present and required E.g. any speciality teams required, e.g. MERIT?	

RECALL TO CONFIRM & VERIFY INFORMATION (Switchboard): -

WELSH AMBULANCE <input type="checkbox"/>	POLICE <input type="checkbox"/>	MID & WEST FIRE <input type="checkbox"/>
Central & West Ambulance Control – (Carmarthen) (01267) 229476 <input type="checkbox"/>	South Wales Police – Swansea - 101 <input type="checkbox"/> Critical Incident - 01656 869238 <input type="checkbox"/>	Carmarthen Control Room – (01267) 237195 / 222044 <input type="checkbox"/>
South East Ambulance. Control – (Newport) (01633) 294866 <input type="checkbox"/>	South Wales Police – Bridgend (01656) 655555 or 101 <input type="checkbox"/>	H.M. COASTGUARD <input type="checkbox"/>
<input type="checkbox"/>	Dyfed - Powys Police – Carmarthen (01267) 222020 or 101 <input type="checkbox"/>	Coastguard Emergency Control-Swansea(01792)366534 <input type="checkbox"/>

2.5 Executive Briefing Pro-Forma in the event of a Business Continuity/Significant Incident

EXECUTIVE BRIEFING PRO-FORMA	
DATE:	TIME:
ISSUE NUMBER:	REPORTED BY:
	COMPLETED BY:
Type of Incident/Overview/Risks:	
Confirmation of SDU Silver Command structure as appropriate: Morrison Singleton NPT POW MH&LD PCC	
Situation Update: Services reporting serious operational difficulties:	
Impact/potential impact of incident on services/critical functions and patients: What are the priorities? – critical, essential, vital, urgent and key	

Impact on other service providers:	
Impact on business continuity arrangements: Staffing Premises Services Supplies Utilities	
Media interest expected/received:	
Mitigating actions for the above impacts/Priorities:	
Mutual Aid/Additional Support request:	

Additional Comments?	
Other Issues?	
Silver Commander details: Name: Telephone Number: Email:	
Next briefing Time: [unless there is a change] Via VC/Teleconference	
Confirm Email For Information Flows	
Strategic Objectives:	

ANY SUGGESTED CHANGES TO THIS PROCEDURE;

**ADDITIONS OR AMENDMENTS TO THE CIRCULATION LISTS
SHOULD BE DISCUSSED WITH THE EMERGENCY PREPAREDNESS RESILIENCE
AND RESPONSE LEAD**

**IF YOU ARE UNCLEAR ABOUT ANYTHING IN THESE SECTIONS
THEN PLEASE ASK!**

3. Appendices

➤ Appendix 1

- GUIDANCE FOR CO –ORDINATION OF STAFF TRANSPORT DURING ADVERSE WEATHER



Guidance for
co-ordination of tra

- STANDARD OPERATING PROCEDURE – FOUR WHEEL DRIVE SUPPORT.



4 X 4 VEHICLE
REQUEST LOG.docx

- 16.11.20: Guidance for Emergency Transport of Staff during COVID-19



Emergency staff
transport (Lori Gardi

➤ Appendix 2

- Workforce and OD Extreme Weather Conditions Policy and Procedure



69. ABM Adverse
Weather PolicyFebru

➤ Appendix 3

- PHW Cold weather advice for the Public



Cold-weather
Advice - PHW.pdf

- PHW Cold weather advice for Health and Social care Professionals



Extreme Cold
weather for care prc

➤ Appendix 4

- WG Heatwave; Caring for patients before and during a heatwave



Hot Weather Advice
for Health Professio

- WG Heatwave; Advice for Health and Social Care Professionals
-



120702heatwavead
vicecareprofessional

- WG Heatwave; Advice for Care Home Managers and Staff



120702heatwavead
vicecarehomemanag

- PHW Extreme Hot Weather; Advice for Public



Hot Weather Advice
for the Public - PHW

- PHW Extreme Hot Weather; Health Advice for Public



Hot Weather Advice
for the Public - PHW

- PHW Extreme Hot Weather; Advice for those looking after children



Hot Weather Advice
looking after Childr

- PHW Extreme Hot Weather; Advice for those organising large events



Hot Weather Advice
for Event Organisers

➤ Appendix 5

- PHW, How to clean up safely following floods



clean up after
floods - HPW.pdf

- PHW; Flooding: Coping without mains water

- PHW Health Advice – general information following flooding



flooding general
advice - PHW.pdf

- PHW; Floods and Mental Health



Floods mental
health - HPW.pdf

